

ROCK COUNTY, WISCONSIN



Rock Haven
P.O. Box 920
Janesville, Wisconsin 53547-0920
Phone 608-757-5076
Fax 608-757-5026

HEALTH SERVICES COMMITTEE
Wednesday, July 8, 2020 at 9:00 a.m.
CALL: 1-312-626-6799
MEETING ID: 330 742 6347

Topic: Health Service Committee
Time: July 8, 2020 09:00 AM Central Time (US and Canada)

Join Zoom Meeting
<https://zoom.us/j/3307426347>

Meeting ID: 330 742 6347
Password: 5076

Dial by your location

- +1 312 626 6799 US (Chicago)
- +1 929 205 6099 US (New York)
- +1 253 215 8782 US
- +1 301 715 8592 US
- +1 346 248 7799 US (Houston)
- +1 669 900 6833 US (San Jose)

Meeting ID: 944 1271 6480
Find your local number: <https://zoom.us/u/ac7VPUjL6j>

If you are interested in providing public comments on items on this agenda, you must submit your comments by Monday, July 6, 2020. To submit a public comment use the following email: lynch@co.rock.wi.us.

Join from a telephone:

- On your phone, dial the phone number provided above
- Enter the meeting ID number when prompted, using your dial-pad.
- Please note that long-distance charges may apply. This is not a toll-free number.
- Supervisors: Please identify yourself by name
- Please mute your phone when you are not speaking to minimize background noises
- We are new at holding meetings this way, so please be patient

Instructions for the hearing impaired –

<https://support.zoom.us/hc/en-us/articles/207279736-Getting-started-with-closed-captioning>

Please contact Michelle at (608)757-5076 if you are going to be late or if you will not be able to attend the meeting.

HEALTH SERVICE COMMITTEE
Wednesday, July 8, 2020 – 09:00 A.M.

AGENDA

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – June 10, 2020
4. Introductions, Citizen Participation, Communications and Announcements
5. Information Item: Review of Payments
6. **Action Item:** Budget Transfers
7. Finance – Joanne Foss
8. Nursing Home Administrator Reports
9. Staff Member Reports
10. Old Business
 - a. COVID-19
11. New Business
 - a. Information Item: Resident Council Minutes – There have been no meetings scheduled
 - b. Information Item: Rock Haven Infection Control Survey
 - c. Information Item: Staffing Levels and Hiring
12. Reports
 - a. Census
13. Committee Requests
14. Next Meeting Date – The next regular meeting of the Health Services Committee will be Wednesday, August 8, 2020 as a Zoom meeting.
15. Adjournment

*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail countyadmin@co.rock.wi.us at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

HEALTH SERVICES COMMITTEE

June 10, 2020

CALL TO ORDER – Chair Brien called the teleconference meeting of the Health Services Committee to order at 9:24 a.m.

COMMITTEE MEMBERS PRESENT: Chair Brien, Beaver, Schulz, Leavy, and Bomkamp

STAFF MEMBERS PRESENT: Taya Walk, NHA; Sara Beran, Director of Nursing; David Froeber, Facilities Superintendent; Joanne Foss, Controller; Colleen Reed, Infection Control Nurse; Michelle Lynch, Admin Secretary

APPROVAL OF AGENDA – Supervisor Schulz moved approval of agenda, second by Supervisor Leavy. ADOPTED

APPROVAL OF MINUTES – May 27, 2020 – Supervisor Beaver moved approval of the May 27, 2020 minutes, second by Supervisor Schulz. APPROVED

INTRODUCTIONS, CITIZEN PARTICIPATION, COMMUNICATIONS AND ANNOUNCEMENTS – None

REVIEW OF PAYMENTS – Committee reviewed payments.

BUDGET TRANSFERS – None

FINANCE – Joanne Foss will have Rock Haven's first quarter report for next month's meeting.

NURSING HOME ADMINISTRATOR REPORTS – Taya Walk, NHA is working on the templates to bring to next month's meeting.

STAFF MEMBER REPORTS – None

OLD BUSINESS - None

NEW BUSINESS –

COVID-19 – Taya Walk, NHA; Sara Beran, DON and Colleen Reed, Infection Control gave an update on testing for COVID-19 at Rock Haven. A total of 8 residents and 5 staff tested positive. Testing will be done bi-weekly for all staff and residents.

Currently there is one unit closed down due to positive COVID. The staff working that unit will be getting hazard pay from the time the unit was closed, until it opens.

The Maintenance Department has added plexi glass to the screened patios on each unit, so families can visit their loved one, while social distancing. There will be 1 resident at a time on the patio and will keep the 6 feet apart.

Rock Haven has purchased 2 I-pads for residents to use social media to communicate with family.

Supervisor Schulz inquired if Rock Haven has been hiring staff during this pandemic. Sara Beran stated that Rock Haven has been hiring and that they are tested for COVID before entering the building. All interviews have been phone interviews and not many applicants during the last couple months.

Supervisor Schulz wanted to know how many open positions there are for staff and how Rock Haven has been filling the positions. Sara Beran and Taya will have to get that information for next month as that information is not available at this time.

Supervisor Bomkamp asked how Rock Haven has been doing on PPE. Sara Beran, DON stated that Rock Haven has been doing Ok with PPE. Getting deliveries when available.

RESIDENT COUNCIL MINUTES – There have been no meetings due to the social distancing and residents staying on their units.

REPORTS -

CENSUS – Currently there are 101 residents with 2 bed holds.

COMMITTEE REQUESTS –

NEXT MEETING DATE – The next regular meeting of the Health Service Committee is scheduled for Wednesday July 8, 2020 at 9 a.m. via Zoom.

ADJOURNMENT – Supervisor Bomkamp moved to adjourn at 9:24 a.m., second by Supervisor Leavy. ADOPTED by acclamation.

Respectfully submitted,
Michelle Lynch

NOT OFFICIAL UNTIL APPROVED BY THE COMMITTEE

ROCK COUNTY

**COMMITTEE REVIEW REPORT
WITH DESCRIPTION
FOR THE MONTH OF JUNE 2020**

06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-3250-0000-64904	Sundry Expense	P2000543	06/18/2020	LIVING DESIGN INC	AVIARY SUPPLIES	416.70
Rock Haven Nursing Home PROG TOTAL						416.70
32-4000-0000-63111	Paper Products	P2000547	06/25/2020	GORDON FOOD SERVICE	PAPER PRODUCTS	1,926.10
		P2000566	06/18/2020	ROCK COUNTY HEALTH CARE CENTER	CUTLERY SETS	18.98
		P2000590	06/18/2020	US BANK	PAPER PRODUCTS	91.38
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	PAPER PRODUCTS	933.29
32-4000-0000-64000	Medical Supplies	P2000486	06/04/2020	DIRECT SUPPLY EQUIPMENT	DISPOSABLE FACE MASKS	1,224.00
		P2000590	06/18/2020	US BANK	MED SUPPLIES	890.94
RH COVID-19 Response PROG TOTAL						5,084.69
32-7260-7400-62171	Ambulance	P2000545	06/25/2020	LAVIGNE BUS COMPANY INC	TRANSPORTATION AMBULANCE	253.00
		P2000566	06/25/2020	ROCK COUNTY HEALTH CARE CENTER	TRANSPORTATION	10.00
		P2000587	06/04/2020	RYAN BROTHERS AMBULANCE SERVIC	AMBULANCE SERVICES	254.33
32-7260-7400-62176	Laboratory	P2000552	06/18/2020	MERCY HEALTH SYSTEM	LABORATORY	1,635.72
32-7260-7400-62179	Pharmacy	P2000592	06/11/2020	THRIFTY WHITE PHARMACY	MEDICARE PRESCRIPTIONS	916.41
32-7260-7400-62180	PHYSICAL THERAPY	P2000538	06/11/2020	GENESIS REHABILITATION SERVICE	PT THERAPY	22,329.72
32-7260-7400-62185	Occupational	P2000538	06/11/2020	GENESIS REHABILITATION SERVICE	OT THERAPY	11,141.82
32-7260-7400-62186	Speech Therapy	P2000538	06/11/2020	GENESIS REHABILITATION SERVICE	SPEECH THERAPY	4,872.28
32-7260-7400-62189	Other Medical	P2000505	06/11/2020	ACCURATE IMAGING INC	MAY XRAY	354.91
RH Contract Services T-18 PROG TOTAL						41,768.19
32-7500-7350-63109	Other Supplies					

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06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-7500-7350-64300	Rec Therapy	P2000565	06/25/2020	ROCK COUNTY HEALTH CARE CENTER	REC THERAPY BINGO	275.99
		P2000590	06/18/2020	US BANK	ACTIVITIES	208.46
		P2000307	06/18/2020	CHARTER COMMUNICATIONS	REC THERAPY CABLE TV	1,361.69
Program Service Administration PROG TOTAL						1,846.14
32-8000-8100-63100	Office&Misc Exp	P2000454	06/11/2020	BATTERIES PLUS LLC	OFFICE SUPPLIES	79.92
		P2000457	06/04/2020	CARSTENS HEALTH INDUSTRIES INC	MED RECORDS SUPPLIES	96.75
		P2000590	06/18/2020	US BANK	OFFICE SUPPLIES	807.73
32-8000-8100-63101	Postage	P2000569	06/11/2020	POSTMASTER JANESVILLE	ANNUAL PO BOX FEE 2020	364.00
		P2000590	06/11/2020	US BANK	POSTAGE	31.10
32-8000-8100-63104	Print/Duplicate	P2000590	06/18/2020	US BANK	CREDIT PRINTING & DUPLICATING	776.53
32-8000-8100-63109	Other Supplies	P2000547	06/18/2020	GORDON FOOD SERVICE	MATERIALS OTHER SUPPLIES	250.45
		P2000565	06/11/2020	ROCK COUNTY HEALTH CARE CENTER	REIMBURSE STOP PYMT FEE	32.00
32-8000-8100-64000	Medical Supplies	P2000447	06/04/2020	BRIGGS CORPORATION	MED SUPPLIES	242.43
		P2000486	06/11/2020	DIRECT SUPPLY EQUIPMENT	MEDICAL SUPPLIES	85.23
		P2000495	06/25/2020	MCKESSON MEDICAL SURGICAL MN S	MED SUPPLIES	3,981.02
		P2000546	06/11/2020	MEDLINE INDUSTRIES INC	MEDICAL SUPPLIES	1,278.27
		P2000573	06/11/2020	PROFESSIONAL MEDICAL INC	MEDICAL SUPPLIES	467.07
		P2000580	06/11/2020	NASSCO INC	THERMOMETERS	306.18
		P2000590	06/18/2020	US BANK	MED SUPPLIES	389.56
32-8000-8100-64003	Oxygen Supplies	P2000578	06/11/2020	NORTHWEST RESPIRATORY SERVICES	OXYGEN SERVICES	474.00
32-8000-8100-64408	Disposables	P2000495	06/04/2020	MCKESSON MEDICAL SURGICAL MN S	DISPOSABLES	429.80
		P2000498	06/04/2020	CONCORDANCE HEALTHCARE SOLUTIO	ATTENDS	3,076.85
Support Service Materials PROG TOTAL						13,168.89

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06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-8200-62104	Consult Services					
		P2000592	06/11/2020	THRIFTY WHITE PHARMACY	PHARMACY CONSULTING SERVICES	1,033.45
32-8000-8200-63109	Other Supplies					
		P2000495	06/18/2020	MCKESSON MEDICAL SURGICAL MN S	OTC'S	2,177.79
		P2000546	06/11/2020	MEDLINE INDUSTRIES INC	OTCS	165.72
		P2000588	06/11/2020	ROCK MED LTC PHARMACY	PATIENT MEDICATION	37.39
		P2000592	06/11/2020	THRIFTY WHITE PHARMACY	OTC AND MA MEDICATION	2,784.76
				Support Service-Pharmacy PROG TOTAL		6,199.11
32-8000-9100-63109	Other Supplies					
		P2000547	06/25/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	258.09
		P2000594	06/11/2020	SYSCO FOODS OF BARABOO LLC	FOOD SERVICE SUPPLIES	462.89
32-8000-9100-63111	Paper Products					
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	PAPER PRODUCTS	258.59
32-8000-9100-64102	Dairy					
		P2000493	06/25/2020	COUNTRY QUALITY DAIRY	DAIRY	2,519.49
		P2000547	06/25/2020	GORDON FOOD SERVICE	DAIRY	334.69
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	DAIRY	1,102.82
32-8000-9100-64105	Groceries					
		P2000540	06/18/2020	KWIK TRIP INC	GROCERY	140.40
		P2000547	06/25/2020	GORDON FOOD SERVICE	GROCERY	4,938.81
		P2000566	06/25/2020	ROCK COUNTY HEALTH CARE CENTER	GROCERY	85.62
		P2000572	06/25/2020	PAN-O-GOLD BAKING CO	BREAD	858.58
		P2000590	06/18/2020	US BANK	GROCERY	91.17
		P2000591	06/25/2020	TROPIC JUICES INC	JUICE	915.60
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	GROCERY	3,536.55
32-8000-9100-64107	Meat					
		P2000547	06/25/2020	GORDON FOOD SERVICE	MEAT	2,768.19
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	MEAT	2,416.50
32-8000-9100-64109	Supplements					
		P2000573	06/18/2020	PROFESSIONAL MEDICAL INC	SUPPLEMENTS	130.61
		P2000594	06/25/2020	SYSCO FOODS OF BARABOO LLC	SUPPLEMENTS	1,460.63

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06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
Support Services-Food Service PROG TOTAL						22,279.23
32-8000-9200-62420	Mach/Equip R&M	P2000303	06/18/2020	ASC1 INC	ALTO SHAAM CLEANER	850.60
		P2000309	06/04/2020	DIRECT SUPPLY EQUIPMENT	REPLACEMENT HEAD MOTOR	158.41
		P2000311	06/25/2020	COMMUNICATION ENGINEERING COMP	SPOK 7950 PAGER	346.50
		P2000330	06/25/2020	HOME DEPOT PRO,THE	RECOVERY LID ASSEMBLY	171.69
		P2000340	06/18/2020	US BANK	MACHINERY & EQUIP	7.98
		P2000344	06/11/2020	R E MICHEL COMPANY	FREIGHT CHARGE	9.45
		P2001407	06/04/2020	ARJO INC	FREIGHT CHARGES	593.80
32-8000-9200-62450	Grounds Imp R&M	P2000351	06/11/2020	TRUGREEN	LAWN SERVICE	908.97
32-8000-9200-62460	BLDG SERV R&M	P2000331	06/04/2020	JOHNSTONE SUPPLY	BLDG SERVICE EQUIP	1,829.56
		P2000352	06/18/2020	TAS COMMUNICATIONS INC	E-ALARM	39.50
32-8000-9200-62470	Building R&M	P2000301	06/25/2020	BATTERIES PLUS LLC	BULBS	100.00
		P2000320	06/11/2020	HALLMAN LINDSAY INC	REPAIR AND MAINTENANCE SUPPLIE	471.86
		P2000323	06/04/2020	FIRST SUPPLY LLC-MADISON	REPAIR KIT - LEONARD KIT	2,625.21
		P2000340	06/18/2020	US BANK	REPAIR & MAINT	1,251.22
		P2000354	06/04/2020	ZORO TOOLS INC	RINSE TEE	182.46
		P2001475	06/25/2020	COLLINS SANITARY	SEMI ANNUAL GREASE TRAP COLLEC	420.00
32-8000-9200-63109	Other Supplies	P2000301	06/11/2020	BATTERIES PLUS LLC	BATTERIES	55.50
		P2000327	06/18/2020	HOH WATER TECHNOLOGY INC	CDC ANTI-CLOG #1	902.44
		P2000340	06/18/2020	US BANK	OTHER SUPPLIES & EXP	360.00
		P2000343	06/18/2020	RF TECHNOLOGIES INC	OTHER SUPPLIES & EXP	694.74
		P2000346	06/18/2020	MENARDS	OTHER SUPPLIES & EXP	679.34
Support Service-Maintenance PROG TOTAL						12,659.23
32-8000-9300-62163	Laundry	P2000456	06/25/2020	ARAMARK UNIFORM SERVICES INC	LAUNDRY	5,439.15
32-8000-9300-62164	Disposal Service					

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06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P2000258	06/11/2020	BADGERLAND DISPOSAL	TRASH DISPOSAL	1,449.76
		P2000575	06/25/2020	OFFICE PRO INC	SHREDDING	28.95
		P2000590	06/18/2020	US BANK	DISPOSAL SERVICES	56.38
32-8000-9300-63109	Other Supplies	P2001070	06/18/2020	HEALTHCARE WASTE MANAGEMENT IN	MED WASTE	128.48
		P2000547	06/11/2020	GORDON FOOD SERVICE	ES AND MATERIALS SUPPLIES	588.56
		P2000590	06/18/2020	US BANK	OTHER SUPPLIES & EXP	24.24
		P2001453	06/18/2020	THERMOPATCH CORPORATION	FREIGHT	378.05
32-8000-9300-63111	Paper Products					
32-8000-9300-63404	Janitor/Cleaning	P2000495	06/04/2020	MCKESSON MEDICAL SURGICAL MN S	PAPER PRODUCTS	1,420.10
		P2000550	06/25/2020	HOME DEPOT PRO,THE	CLEANING SUPPLIES	440.13
		P2000580	06/11/2020	NASSCO INC	ES SUPPLIES	218.16
32-8000-9300-64409	Furnishings	P2000710	06/25/2020	NORTH AMERICAN CORPORATION	HAND SANITIZER	1,034.50
		P2000340	06/18/2020	US BANK	FURNISHINGS	228.00
Support Services-Environmental PROG TOTAL						11,434.46
32-8000-9500-62104	Consult Services					
		P2000541	06/18/2020	JT AND ASSOCIATES LLC	CONSULTING SERVICES	1,400.00
		P2000584	06/11/2020	SPECIALIZED MEDICAL SERVICES	BILLING SERVICES	1,267.50
		P2001426	06/11/2020	INTERDISCIPLINARY VALUATION	APPRAISAL FEE REQUIRED BY THE	310.81
32-8000-9500-62189	Other Medical					
		P2000577	06/11/2020	NURSES PRN	NURSING STAFF SERVICES	4,231.69
		P2000595	06/18/2020	WI MEDEMPLOY LLC	AGENCY CNA	1,329.20
32-8000-9500-63200	Pubs/Subs/Dues					
		P2000544	06/18/2020	LEADINGAGE WISCONSIN	PUBLICATIONS & SUBSCRIPTIONS	5,760.00
32-8000-9500-64200	Training					
		P2000590	06/11/2020	US BANK	TRAINING	580.00
32-8000-9500-64415	Provider Tax					
		P2000597	06/11/2020	WISCONSIN DEPARTMENT OF HEALTH	LICENSED BED ASSESSMENT JUNE	21,760.00
32-8000-9500-64918	Marketing					
		P2000590	06/18/2020	US BANK	CREDIT EXPO CANCELLED	(930.00)

ROCK COUNTY

**COMMITTEE REVIEW REPORT
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06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
Support Service-Administration PROG TOTAL						35,709.20
32-8000-9700-62174	Internist	P2000589	06/25/2020	WEST MD,WILLIAM PETER	INTERNIST	11,900.00
Support Services-Medical Staff PROG TOTAL						11,900.00
32-9000-9930-62210	Telephone	P2000506	06/25/2020	ABILITY NETWORK INC	TELEPHONE	471.16
General Services Telephone PROG TOTAL						471.16
32-9000-9940-61920	Physicals	P2000576	06/18/2020	OCCUPATIONAL HEALTH CENTER	PHYSICALS	532.23
General Service Emp Benefits PROG TOTAL						532.23

ROCK COUNTY

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06/25/2020

<u>Account Number</u>	<u>Account Name</u>	<u>PO#</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Inv/Enc Amt</u>
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I have reviewed the preceding payments in the total amount of **\$163,469.23**

Date: _____ Dept Head _____
Committee Chair _____

ROCK COUNTY

**COMMITTEE REVIEW REPORT
WITH DESCRIPTION
FOR THE MONTH OF JUNE 2020**

06/25/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
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REPORT COMPLETE!

Report Total: 163,469.23

For Job Numbers: 2053398, 2056128, 2056130, 2056134, 2058479, 2058483, 2060935

To: Taya Walk
From: Joanne Foss *JF*
Date: June 2, 2020
Subject: Rock Haven 1st Quarter 2020 Financial Results

Attached please find a schedule showing the 1st quarter 2020 financial results for Rock Haven compared to the 2020 budget. Figures shown are through March. Through the end of the 1st quarter we should be at 25% of our budget. Following are explanations for some items that are different than expected:

Revenues:

- **Rents & Commissions are under.** This is for commissions we received from our vending machine. We budgeted to receive \$75/month but averaged \$50/month through the 1st quarter.
- **Intergovernmental Charges – Federal is under. Medicare is under.** Medicare was budgeted for 15 patients per day, in the 1st quarter of 2020 we averaged 9 patients per day.
- **Miscellaneous General Revenue is under.** This is for miscellaneous revenue including rebates and recycling. We budgeted to receive approximately 833/month and in the 1st quarter we averaged 535/month. Beauty and Barber services was budgeted at \$666/month and in the 1st quarter we averaged 593/month. This account is very dependent on the type of patient in the facility.

Overall total revenues were at 25% which is on target for our 1st quarter projections.

Expenses:

- **Overtime Wages are over.** While productive wages are under in expenses in the 1st quarter overtime wages were over for RN's at Limestone Court (36%), RN's at Sandstone Court (55%), LPN's at Limestone Court (62%), LPN's at Sandstone Court (58%), CNA's at Limestone Court (37%), CNA's at Sandstone Court (31%).
- **Per Diems is over.** This is for per diem paid to members of the Health Services Committee. Changes in committee members when the budget was originally prepared contribute to an increase.
- **Compensation is over.** This is worker's compensation and is an annual cross charge in the 1st quarter from the County Finance Department.
- **Other Personal Services are over.** Reimbursement for Nurse License and physicals for new staff were expenses in the 1st quarter.
- **Professional Services are over.** This includes an annual cross charge in the 1st quarter from the IT department (\$319,160), an annual charge for pest control services (\$1,710) and contracted services for the Interim NHA.
- **Utility Services are over.** Expenses for Natural gas was budgeted for approximately \$1,666/month and through the 1st quarter expenses averaged \$3,168/month which included a portion of December 2019 charges. Rate projections for utility costs were not known at the time when preparing the 2020 budget.
- **Machinery & Equipment R&M is over.** EZ Way lifts and stands needed new batteries – charges had gone bad and stands were not working properly. Kitchen equipment – three booster tanks

Memo: 1st Quarter 2019 Financial Results

went out on the dish machines and needed to be replaced for each tank (approximate cost \$1,532). Added "pig tails" to the back-up generator - if the generator went down we would be able to power the building during an emergency situation. Purchases were made for call cords, kitchen equipment fixes and wheelchair repairs during yearly wheelchair inspections.

- **Building Service Equipment R&M is over.** The overage was due to the annual elevator service contract (\$4,198.93) and the annual fire & security inspection agreement (\$11,106) both charged in the 1st quarter. Replacement of water heater and miscellaneous items purchased to keep building up and running were additional expenses in the 1st qtr.
- **Office Supplies & Expenses.** Postage was over due to mass mailings notifying residents and guardians of Interim Nursing Home Administrator in the beginning of 2020 and at the end of the 1st quarter mass mailings were sent regarding COVID-19 related information. Medical charting binders were ordered in the 1st quarter to replace binders that are in use. The other half of the new dishes for the facility were ordered in the 1st quarter (the first set of dishes were ordered at the end of 2019). Paper products are over because an entire year supply of specialty placemats for special days and holidays were ordered by the Food Service Manager in the 1st quarter. Replacement of expired wander guards were purchased, Legionella water testing, and replenishing of diesel tank fuel for back-up generators were expenses in the 1st quarter. We budgeted \$3,400/month for Pharmacy and through the 1st quarter our costs averaged \$4,117/month.
- **Operating Supplies are over.** This is the clothing allowance for Nursing Assistants, dietary staff, environmental services and materials staff that are paid at the beginning of the year.
- **Medical Supplies are over.** At the end of the 1st quarter 100 cases of gloves were purchased at \$6,704 due to COVID-19.
- **Cash Food is over.** Supplements were over because there are quite a few more residents on supplements this includes: thickened liquids, specialty protein supplements, Arginate for wound treatment. Our new speech therapist is getting some of our residents to graduate to non-thickened liquids.
- **Recreational Supplies/Expense is over.** This is for the monthly payment to Charter Communications for cable television connections in resident rooms. Cable TV was budgeted for \$1,333/month and actual charges in the 1st quarter were \$1,382.91/month.
- **HCC/Rock Haven Supplies/Expenses are over.** This includes disposables provided to Rock Haven residents. Product usage fluctuates depending on need. Seventeen older, wooden over-bed tables were replaced in the 1st quarter. The wood tables were in bad shape and were a safety/infection concern. The old tables were replaced with plastic tables.
- **Insurance Expense is over.** The overage is the annual expense for the Wisconsin Municipal Insurance Co. facility liability insurance (\$43,401.51) and the Resident Trust Bond (\$500) charged in the 1st quarter.

After the total appropriation was adjusted for budgeted depreciation which does not affect the tax levy, overall total expenditures are at 27% which is 2% over our 1st quarter projections.

ROCK COUNTY 1st QUARTER 2020 REPORT

Object	Description	Budget	Actual	%
4431	PRIVATE PAY	\$3,116,453	\$914,700	29%
4480	RENTS & COMMISSIONS	\$900	\$149	17%
4500	INTERGOVNMTL CHRGS-FEDERAL	\$9,055,747	\$1,611,738	18%
4600	CONTRIBUTIONS	\$2,300		
4620	SALE OF COUNTY PROPERTY	\$10,000		
4640	FUNDS FORWARDED FROM PRIOR YR	\$90,500	\$90,500.00	100%
4690	MISC. GENERAL REVENUE	\$19,500	\$3,411	17%
4700	TRANSFERS IN	\$698,519	\$683,319	98%
TOTAL	REVENUES	\$12,993,919	\$3,303,817.15	25%

6110	PRODUCTIVE WAGES	\$8,103,817	\$1,704,513.00	21%
6121	OVERTIME WAGES-PRODUCTIVE	\$541,076	\$235,768.49	44%
6130	PER DIEMS	\$3,641	\$1,166.32	32%
6140	FICA	\$661,343	\$149,951.81	23%
6150	RETIREMENT	\$574,709	\$123,696.66	22%
6160	INSURANCE BENEFITS	\$2,838,615	\$576,102.83	20%
6170	COMPENSATION	\$151,966	\$136,156.00	90%
6190	OTHER PERSONAL SERVICES	\$8,355	\$3,154.09	38%
6210	PROFESSIONAL SERVICES	\$442,301	\$349,392.71	79%
6213	FINANCIAL SERVICES	\$7,980		
6216	JANITORIAL/OTHER CLEANING SERV	\$100,500	\$22,361.61	22%
6217	MEDICAL SERVICES	\$893,190	\$166,607.24	19%
6220	UTILITY SERVICES	\$271,000	\$69,656.32	26%
6221	TELEPHONE SERVICES	\$33,085	\$4,414.19	13%
6242	MACHINERY & EQUIP R & M	\$34,000	\$14,717.30	43%
6245	GROUNDS & GROUNDS IMPRV R & M	\$15,000	\$2,307	15%
6246	BLDG SERVICE EQUIPMENT R&M	\$68,470	\$27,779.44	41%
6247	BUILDING REPAIR & MAINTENANCE	\$28,000	\$5,138.35	18%
6249	SUNDRY REPAIR & MAINT SERVICES	\$32,020	\$5,271.27	16%
6260	HUMAN SERVICES	\$9,272	\$643.20	7%
6310	OFFICE SUPPLIES & EXPENSES	\$158,720	\$47,981.26	30%
6320	PUBLICATIONS, DUES, & SUBSCRIPT.	\$8,447	\$742.00	9%
6330	TRAVEL	\$2,000	\$298	15%
6340	OPERATING SUPPLIES	\$28,220	\$12,931	46%
6400	MEDICAL SUPPLIES	\$169,014	\$47,240.09	28%
6410	CASH FOOD	\$300,540	\$76,652.41	26%
6420	TRAINING EXPENSE	\$12,000	\$1,903.16	16%
6430	RECREATIONAL SUPPLIES/EXPENSE	\$16,000	\$4,148.73	26%
6440	HCC/ROCK HAVEN SUPPLIES/EXP	\$348,120	\$93,918.23	27%
6441	EMPLOYEE RECOGNITION	\$3,000		
6490	OTHER SUPPLIES AND EXPENSE	\$71,300	\$6,433	9%
6491	UNALLOCATED APPROPRIATION	-\$1,086,630	-\$273,299.52	25%
6510	INSURANCE EXPENSE	\$79,635	\$49,707.51	62%
6533	EQUIPMENT LEASE	\$1,000		
6539	OTHER RENTS & LEASES	\$422,665	\$56,886.53	13%
6540	DEPRECIATION	\$1,086,630	\$273,299.52	25%
6620	INTEREST PAYMENTS	\$683,319	\$683,319.00	100%
6710	EQUIPMENT/FURNITURE	\$40,700		
TOTAL	EXPENDITURES	\$17,163,020	\$4,680,958.89	27%
TOTAL	COUNTY SHARE	-\$4,169,101	-\$1,377,141.74	33%

Appropriation Adjusted
for Budgeted
Depreciation

Rock Haven
Total Aging by Pay Source

June 2020

Pay Source	Total	Current	30 Days	60 Days	90 Days +
Private Pay	\$ -				
Hospice	\$ -				
Medicare	\$ -				
Medicaid	\$ -				
Med Adv	\$ -				
Community Care	\$ -				
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

May 2020

Pay Source	Total	Current	30 Days	60 Days	90 Days +
Private Pay	\$ -				
Hospice	\$ -				
Medicare	\$ -				
Medicaid	\$ -				
Med Adv	\$ -				
Community Care	\$ -				
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

April 2020

Pay Source	Total	Current	30 Days	60 Days	90 Days +
Private Pay	\$ -				
Hospice	\$ -				
Medicare	\$ -				
Medicaid	\$ -				
Med Adv	\$ -				
Community Care	\$ -				
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

March 2020

Pay Source	Total	Current	30 Days	60 Days	90 Days +
Private Pay	\$ -				
Hospice	\$ -				
Medicare	\$ -				
Medicaid	\$ -				
Med Adv	\$ -				
Community Care	\$ -				
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Rock Haven															
Nursing Home Administrator's Report															
Overtime Costs	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
CNAs/CMAs													\$ -		
RNs													\$ -		
LPN													\$ -		
All Other													\$ -		
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CNAs/CMAs	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
Overtime Hours													0.00		
Call Ins													0.00		
Mandatory Hours													0.00		
Licensed Staff	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
Overtime Hours													0.00		
Call Ins													0.00		
Mandatory Addtl Hours													0		
Resident Census	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
Admissions													0		
Discharges/Death													0		
Referrals													0		
Average Resident Census													0.00		
Percent of Capacity													0.00%		
Patient Payor Mix	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
Medicaid													0.00%		
Medicare													0.00%		
Private Pay													0.00%		
Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Monthly Financials	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date	Prior Year	2018
Total Revenues													\$ -		
Total Expenses													\$ -		
Tax Levy Used/(Returned)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
													Current Year	Prior Year	2018
													% Used of Budget	#DIV/0!	#DIV/0!
Resident Grievances	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date		
Total Received													0		
Total Resolved													0		
Star Rating - Overall	Health Insp.	Staffing	Quality Measures												



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH

DATE: May 18, 2020
TO: State Officials
FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
 - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence:** Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
 - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
 - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

Recommendations for States

This memorandum provides recommendations for State and local officials to help them determine the level of mitigation needed for their communities' Medicare/Medicaid certified long term care facilities (hereinafter, 'nursing homes') to prevent the transmission of COVID-19. We encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state. Examples of how a State may choose to implement these recommendations include:

- A State requiring all facilities to go through each phase at the same time (i.e., waiting until all facilities have met entrance criteria for a given phase).
- A State allowing facilities in a certain region (e.g., counties) within a state to enter each phase at the same time.
- A State permitting individual nursing homes to move through the phases based on each nursing home's status for meeting the criteria for entering a phase.

Given the critical importance in limiting COVID-19 exposure in nursing homes, decisions on relaxing restrictions should be made with careful review of a number of facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials and nursing homes. Because the pandemic is affecting communities in different ways, State and local leaders should regularly monitor the factors for reopening and adjust their plans accordingly. Factors that should inform decisions about relaxing restrictions in nursing homes include:

- **Case status in community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).
- **Case status in the nursing home(s):** Absence of any new nursing home onset¹ of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.
- **Adequate staffing:** No staffing shortages and the facility is not under a contingency staffing plan.
- **Access to adequate testing:** The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
 - The capacity for **all** nursing home **residents** to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
 - The capacity for **all** nursing home **staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
 - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
 - An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly

¹ A "new, nursing home onset" refers to COVID-19 cases that originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. In other words, if the number of COVID-19 cases increases because a facility is admitting residents from the hospital AND they are practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance through the phases of reopening. However, if a resident contracts COVID-19 within the nursing home without a prior hospitalization within the last 14 days, this facility should go back to the highest level of mitigation, and start the phases over.

(e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.

- A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).
- **Universal source control:** Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.
- **Access to adequate Personal Protective Equipment (PPE) for staff:** Contingency capacity strategy is allowable, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes.

Contact: For questions or concerns regarding this memo, please contact DNH_TriageTeam@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Branch training coordinators immediately.

/s/

David R. Wright

Attachments:

Recommended Nursing Home Phased Re-opening for States

cc: Survey & Operations Group (SOG) Management

Attachment 1 – Recommended Nursing Home Phased Reopening for States

The reopening phases below cross-walk to the phases of the plan for Opening Up America Again, and includes efforts to maintain rigorous infection prevention and control, as well as resident social engagements and quality of life. Note: The Opening Up America Guidance for communities includes visitation guidance for “senior care facilities.” The term “senior care facilities” refers to a broader set of facilities that may be utilized by seniors, and is not specific to Medicare/Medicare certified long term care facilities (i.e., nursing homes), whereas, this guidance is specific to nursing homes.

Due to the elevated risk COVID-19 poses to nursing home residents, we recommend additional criteria for advancing through phases of reopening nursing homes than is recommended in the broader Administration’s Opening Up America Again framework. For example:

- Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received a base-line test, and the appropriate actions are taken based on the results;
- States should survey those nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID=19; and
- Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again (in other words, a nursing home’s reopening should lag behind the general community’s reopening by 14 days).

For additional criteria, please see the Appendix.

Status	Criteria for Implementation	Visitation and Service Considerations	Surveys that will be performed at each phase
Current state: Significant Mitigation and Phase 1 of Opening Up America Again	<ul style="list-style-type: none"> • Most facilities are in a posture that can be described as their highest level of vigilance, regardless of transmission within their communities. 	<ul style="list-style-type: none"> • Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit. • Restricted entry of non-essential healthcare personnel. • Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). • Non-medically necessary trips outside the building should be avoided. 	<ul style="list-style-type: none"> • Investigation of complaints alleging there is an immediate serious threat to the resident’s health and safety (known as Immediate Jeopardy) • Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings • Focused infection control surveys • Initial survey to certify that the provider has met the required conditions to participate in the Medicare Program (initial certification surveys)

Status	Criteria for Implementation	Visitation and Service Considerations	Surveys that will be performed at each phase
		<ul style="list-style-type: none"> • Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. • For medically necessary trips away from of the facility: <ul style="list-style-type: none"> ○ The resident must wear a cloth face covering or facemask; and ○ The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. • 100% screening of all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> ○ Temperature checks ○ Ensure all outside persons entering building have cloth face covering or facemask. ○ Questionnaire about symptoms and potential exposure ○ Observation of any signs or symptoms • 100% screening for all residents: <ul style="list-style-type: none"> ○ Temperature checks ○ Questions about and observation for other signs or symptoms of COVID-19 (at least daily) • Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask. • All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated. • All staff are tested weekly. All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative. • Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to 	<ul style="list-style-type: none"> • Any State-based priorities (e.g., localized “hot spots,” “strike” teams, etc.)

Status	Criteria for Implementation	Visitation and Service Considerations	Surveys that will be performed at each phase
Phase 2 of Reopening nursing homes and Opening Up America Again	<ul style="list-style-type: none"> • Case status in community has met the criteria for entry into phase 2 (no rebound in cases after 14 days in phase 1). • There have been no new, nursing home onset COVID cases in the nursing home for 14 days. • The nursing home is not experiencing staff shortages. • The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. • The nursing home has adequate access to testing for COVID-19. • Referral hospital(s) have bed capacity on wards and intensive care units. 	<p>manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms.</p> <ul style="list-style-type: none"> • Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit. • Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. • Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). • Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask. • For medically necessary trips outside of the facility: <ul style="list-style-type: none"> ○ The resident must wear a cloth face covering or facemask; and ○ The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. • 100% screening of all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> ○ Temperature checks ○ Ensure all outside persons entering building have cloth face covering or facemask. ○ Questionnaire about symptoms and potential exposure ○ Observation of any signs or symptoms • 100% screening (at least daily) for all residents 	<ul style="list-style-type: none"> • Investigation of complaints alleging either Immediate Jeopardy or actual harm to residents • Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings • Focused infection control surveys • Initial certification surveys • State-based priorities (e.g., localized “hot spots,” “strike” teams, etc.) • See Appendix for recommendations for prioritizing facilities to be surveyed

Status	Criteria for Implementation	Visitation and Service Considerations	Surveys that will be performed at each phase
		<ul style="list-style-type: none"> ○ Temperature checks ○ Questions about and observation for other signs or symptoms of COVID-19 • Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask. • All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff. • Test all staff weekly. Test all residents upon identification of an individual with symptoms consistent with COVID-19, or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative. • Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. 	
Phase 3 of Reopening nursing homes and Opening Up America Again	<ul style="list-style-type: none"> • Community case status meets criteria for entry to phase 3 (no rebound in cases during phase 2). • There have been no new, nursing home onset COVID cases in the nursing home for 28 days (through phases 1 and 2). • The nursing home is not experiencing staff shortages. • The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. • The nursing home has adequate access to testing for COVID-19. 	<ul style="list-style-type: none"> • Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit. • Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. • Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). • Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask. 	<ul style="list-style-type: none"> • Normal Survey operations • All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements • Standard (recertification) surveys and revisits • Focused infection control surveys • State-based priorities (e.g., localized “hot spots,” “strike” teams, etc. • See Appendix for recommendations for prioritizing facilities to be surveyed

Status	Criteria for Implementation	Visitation and Service Considerations	Surveys that will be performed at each phase
	<ul style="list-style-type: none"> • Referral hospital(s) have bed capacity on wards and intensive care units. 	<ul style="list-style-type: none"> • Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. • For medically necessary trips outside of the facility: <ul style="list-style-type: none"> ○ The resident must wear a mask; and ○ The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. • 100% screening of all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> ○ Temperature checks. ○ Ensure all outside persons entering building have cloth face covering or facemask. ○ Questionnaire about symptoms and potential exposure ○ Observation of any signs or symptoms • 100% screening (at least daily) for all residents <ul style="list-style-type: none"> ○ Temperature checks ○ Questions about and observation for other signs or symptoms of COVID-19 • Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask. • All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff. • Test all staff weekly. Test all residents upon identification of an individual with symptoms consistent with COVID-19, or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative. • Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. 	

APPENDIX

Additional Recommendations

- Reminder: When a community enters phase 1 of Opening Up America Again, nursing homes remain at their highest level of vigilance and mitigation (e.g., visitation restricted except in compassionate care situations). Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies gating criteria and enters phase 2 of Opening Up America Again.
- A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase.
- A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE², testing, and staffing. For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in **any** phase, that facility goes back to the **highest** level of mitigation, and starts over (even if the community is in phase 3).
- States may choose to have a longer waiting period (e.g., 28 days) before relaxing restrictions for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.

State Survey Prioritization (Starting in Phase 2 of the above chart)

States should use the following prioritization criteria within each phase when determining which facilities to begin to survey first.

- For investigating complaints (and Facility-Reported Incidents (FRIs), facilities with reports or allegations of:
 1. Abuse or neglect
 2. Infection control, including lack of notifying families and their representatives of COVID-19 information (per new requirements at 42 CFR 483.80(g)(3))
 3. Violations of transfer or discharge requirements
 4. Insufficient staffing or competency
 5. Other quality of care issues (e.g., falls, pressure ulcers, etc.)

In addition, a State agency may take other factors into consideration in its prioritization decision. For example, the State may identify a trend in allegations that indicates an increased risk of harm to residents, or the State may receive corroborating information from other sources regarding the allegation. In this case, the State may prioritize a facility for a survey higher than a facility that has met the above criteria.

- For standard recertification surveys:
 1. Facilities that have had a significant number of COVID-19 positive cases
 2. Special Focus Facilities
 3. Special Focus Facility candidates

² Facilities should review the Centers for Disease Control and Prevention's [guidance on COVID-19 for healthcare professionals](#).

4. Facilities that are overdue for a standard survey (> 15 months since last standard survey) and a history of noncompliance at the harm level (citations of "G" or above) with the below items:
 - Abuse or neglect
 - Infection control
 - Violations of transfer or discharge requirements
 - Insufficient staffing or competency
 - Other quality of care issues (e.g., falls, pressure ulcers, etc.)

For example, a facility whose last standard survey was 24 months ago and was cited for abuse at a "G" level of noncompliance, would be surveyed earlier (i.e., prioritized higher) than a facility whose last standard survey was 23 months ago and had lower level deficiencies. We recognize that there are many different scenarios or combinations of timing of surveys and types of noncompliance that will exist. We defer to States for final decisions on scheduling surveys consistent with CMS survey prioritization guidelines.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OR SUPPLIER ROCK HAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 3400 N CTY TRK HWY F PO BOX 920 JANESVILLE, WI 53547		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This was a focused infection control survey conducted at Rock Haven. Offsite investigation began on 6/15/20 and concluded with an onsite investigation on 6/16/20. The facility was found in compliance with the requirements of 42 CFR 483, Requirements for Long Term Care Facilities.</p> <p>Census: 101 Sample size: 3</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
MADISON/SOUTHERN REGIONAL OFFICE
PO BOX 7940
MADISON WI 53707-7940

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-7474
Fax: 608-266-8975
TTY: 711 or 800-947-3529

June 26, 2020

Taya Walk, Administrator
Rock Haven, License # 2425
3400 N Cty Trk Hwy F Po Box 920
Janesville, WI 53547

SURVEY RESULTS

Survey Type: COVID19
Survey Date: June 16, 2020
SOD Event ID: 3E0811

Dear Ms. Walk:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with *Memorandum QSO-20-20-All*, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

SURVEY RESULTS

On June 16, 2020, the Division of Quality Assurance completed a COVID-19 Focused Survey at Rock Haven to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was in substantial compliance with participation requirements and no deficiencies were cited. The findings from this survey are documented on the enclosed form CMS 2567.

No additional action is required on the facility's part.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at [QIO Program Website](#). This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. For more information, please contact Diane Dohm at ddohm@metastar.com or Toni Kettner at tkettner@metastar.com call (608) 274-1940, or visit <https://www.superiorhealthqa.org>

If you have any questions, please contact me at the address in the letterhead or by telephone at 608-266-9422.

Sincerely,

A handwritten signature in cursive script that reads "Juli Brandt".

Juli Brandt
Regional Field Operations Director
Bureau of Nursing Home Resident Care

Limestone Census

May 2020

Limestone East	Event	Totals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Medicaid	450	16	16	16	15	15	15	15	15	15	15	15	15	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	15	
	Medicare (A)	36			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	1	1	1		
	Self Pay	18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1														
	Hospice Self Pay	1																											1				
Limestone East Totals:		505	17	17	17	17	17	17	17	17	17	17	17	17	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	15	15	15

Limestone West	Event	Totals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Medicaid	606	19	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	19	19	19	19	19	19	19	19	19	19	19	
	Medicare (A)	15	1																	1	1	1	1	1	1	1	1	1	1	1	1		
	Self Pay	48	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1		
	Medicare Adv (A)	13																			1	1	1	1	1	1	1	1	1	1	1		
	Hospice Medicaid	186	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
	Hospice Self Pay	31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Limestone West Totals:		899	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	

Limestone Census Days		1404	46	46	46	46	46	46	46	46	46	46	46	46	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	44	44	44
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Sandstone Census

May 2020

Sandstone East	Event	Totals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Medicaid	758	25	25	25	25	25	25	25	25	25	25	25	25	25	25	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24		
	Medicare (A)	1	1																														
	Self Pay	155	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
	Hospice Medicaid	1															1																
	Hospice Self Pay	31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Sandstone East Totals:		946	32	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	

Sandstone West	Event	Totals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Medicaid	656	22	22	22	22	22	21	20	20	21	21	21	21	21	21	21	21	21	21	21	21	21	21	22	22	22	22	21	22	20	20	20
	Medicare (A)	52	1	1	1	1	1	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1		2	2	2	
	Self Pay	155	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	Hospice Medicaid	93	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Sandstone West Totals:		956	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	30	30	30	30

Sandstone Census Days		1902	63	62	62	62	62	62	62	62	62	62	62	62	62	62	62	61	61	61	61	61	61	61	61	61	61	61	60	60	60	60	60
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2020 Patient Revenues for Rock Haven
May

Limestone								
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Variance Over/-Under	Percentage Over/-Under
Medicare	\$84,953	\$232,821	-\$147,868	-64%	\$574,423	\$1,141,573	-\$567,150	-50%
Hospice	\$43,694	\$47,088	-\$3,394	-7%	\$191,443	\$230,885	-\$39,442	-17%
Medical Assistance	\$375,598	\$345,314	\$30,284	9%	\$1,874,410	\$1,693,155	\$181,255	11%
Private Pay	\$235,699	\$263,962	-\$28,263	-11%	\$1,425,174	\$1,294,265	\$130,909	10%
Total	\$739,944	\$889,185	-\$149,241	-17%	\$4,065,450	\$4,359,877	-\$294,427	-7%